

ORDER FOR SUPPLIES OR SERVICES

(Contractor must submit four copies of invoice.)

Form Approved
OMB No. 0704-0187
Expires Jun 30, 1997

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Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR FORM TO EITHER OF THESE ADDRESSES.

SEND YOUR COMPLETED FORM TO THE PROCUREMENT OFFICIAL IDENTIFIED IN ITEM 6.

1. CONTRACT/PURCH ORDER NO. F34601-01-G-0004		2. DELIVERY ORDER NO. UBC4		3. DATE OF ORDER (YYMMDD) 2004 FEB 21		4. REQUISITION/PURCH REQUEST NO. YPC04026000087		5. PRIORITY DOA3	
6. ISSUED BY Defense Supply Center Columbus 3990 E. Broad St. P.O. Box 16704 Columbus, OH 43216-5010 Local Administrator: PMMEECD (614)692-7456 / FAX: (614)693-1551 E-mail: Pamela.Stevenson@dla.mil			CODE SP0700		7. ADMINISTERED BY (If other than 6) DCMC VAN NUYS 6230 VAN NUYS BLVD 818 267-2000 VAN NUYS CA 91401-2713			CODE S0512A	
9. CONTRACTOR WHITTAKER CONTROLS INC. 12838 SATICOY STREET NORTH HOLLYWOOD CA 91605-3505		CODE 79318		FACILITY CODE		10. DELIVER TO FOB POINT BY (Date) (YYMMDD) 365 DAYS ADO		11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED	
NAME AND ADDRESS						12. DISCOUNT TERMS NET 30 days			
						13. MAIL INVOICES TO See Block 15			
14. SHIP TO See Schedule - Do Not Ship to Address in Block 6			CODE		15. PAYMENT WILL BE MADE BY HQ0339 DFAS COLUMBUS CENTER WEST ENTITLEMENT OPERATIONS P O BOX 182381 COLUMBUS OH 43218-2381			CODE HQ0339	
								MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER	
16. TYPE OF ORDER		<input checked="" type="checkbox"/> DELIVERY <input type="checkbox"/> PURCHASE		This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract. Reference your offer dated 2004 FEB 09, 15375 and furnish the following on terms specified herein. ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.					
				NAME OF CONTRACTOR		SIGNATURE		TYPED NAME AND TITLE	
				If this box is marked, supplier must sign Acceptance and return the following number of copies:				DATE SIGNED (YYMMDD)	
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE CG: 97X4930 SCC0 001 26.0 S33150									
18. ITEM NO.	19. SCHEDULE OF SUPPLIES/SERVICE	20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT				
	Remarks: ACCELERATED DELIVERY IS ACCEPTABLE AND DESIRED AT NO COST TO THE GOVERNMENT.	TOTAL: 3							
		24. UNITED STATES OF AMERICA BY: <i>Paula F. Wells</i>		CONTRACTING/ORDERING OFFICER		25. TOTAL	\$ 13353.00		
26. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED		27. SHIP. NO.		28. D.O. VOUCHER NO.		29. DIFFERENCE			
DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____		<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		32. PAID BY		30. INITIALS			
36. I certify this account is correct and proper for payment. DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____		31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL				33. AMOUNT VERIFIED CORRECT FOR			
37. RECEIVED AT		38. RECEIVED BY (Print)		39. DATE RECEIVED (YYMMDD)		34. CHECK NUMBER			
						35. BILL OF LADING NO.			
				40. TOTAL CONTAINERS		41. S/R ACCOUNT NUMBER	42. S/R VOUCHER NO.		

Packaging - Inspection and Acceptance Address:
3L633

JAMAR PACKAGING INC
24810 AVE TIBBETTS
VALENCIA CA 91355

FOB & INSPECTION AND ACCEPTANCE WILL BE AT THE MANUFACTURER'S FACILITIES

CITY: Valencia STATE:CA

QUANTITY VARIANCE SHALL BE LIMITED TO :+__0__% , - __0__%

ALL TERMS AND CONDITIONS FROM CITED BOA APPLY

SECTION B

PR YPC04026000087
NSN 3010-01-215-3019

ITEM DESCRIPTION:

ACTUATOR, ELECTRO-MECHANICAL.

WHITTAKER CONTROLS INC. (79318) P/N 157737-1

<u>ITEM</u>	<u>PR</u>	<u>PRLI</u>	<u>QUANTITY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
0001	YPC04026000087	0001	3	AY	\$4451.00000	\$13353.00

QTY VARIANCE: PLUS 0% MINUS 0%
INSPECTION POINT: ORIGIN
ACCEPTANCE POINT: ORIGIN

PREP FOR DELIVERY

PKGING DATA - QUP 001:

SHALL BE PACKAGED STANDARD COMMERCIAL IN ACCORDANCE WITH ASTM D 3951.

DOD BAR CODE MARKING REQUIRED IN ACCORDANCE WITH
MIL-STD-129 (LATEST REVISION) MARKING AND BAR
CODING IN ACCORDANCE WITH AIM BC1.

DELIVER FOB: ORIGIN BY: 2005 FEB 20

PARCEL POST ADDRESS:

R45411
ASSAULT CRAFT UNIT FIVE
COMM 760 7250 2280 DSN 365 2280
MARINE CORPS BASE BLDG 31916
CAMP PENDLETON CA 92055-5003

FREIGHT SHIPPING ADDRESS:

R45411
ASSAULT CRAFT UNIT FIVE
NAVAL OPERATIONAL LOGISTICS
SUPPORT CENTER NOLSC
COMM 757 443 5434 DSN 646 5434

CONTINUED ON NEXT PAGE

SECTION B

M/F: (TCN) R454113325A817 XXX
RDD
PROJ LE5 TP 3
SUP ADD YHCC12 SIG A

FOR GOVERNMENT USE ONLY: IPD 12

DIC A4A DIST 9C ADV FC SR

REMIT PAYMENT TO:
